

Caroline County Health Department

DIVISION OF ENVIRONMENTAL HEALTH, 403 S 7th (Room 248) Street, Denton, MD 21629 410/479-8045

Soil & Site Application

(Before applying read "Instructions for completing the soil and site evaluation application")

A. Property Owner (name and address): _____ Day Phone: _____

Mail Results to: _____
(Include name if address noted above if **NOT** property owner), P.O. Box or Street address, City/State/ZIP)

Secondary Phone: _____ ☐ Fax Results to: _____ email: _____

B. Property: ID# _____ Tax Map: _____ Block: _____ Parcel: _____ Lot #: _____

Road: _____ Subdivision Name (if in existing subdivision): _____

Current acreage of parcel is: _____ If less than 2 acres, give dimensions of parcel:

Is property in (circle appropriate answer): Critical Areas? **Y N**; AG Preservation? **Y N**; Forestation? **Y N**

IF YOU ANSWER YES TO ANY OF THE ABOVE QUESTIONS, YOU MUST CONTACT PLANNING AND CODES AT 410 479 8100

C. Residential Proposal (Proposed **4 bedroom maximum**): (check **one**, and complete requested information)

- ☐ Parcel is a single lot of record with no current Health Department perc approval. Will remain single lot of record.
☐ Single new lot to be subdivided from parcel that has existing dwelling (WSV has been processed; ID# is _____)
☐ New single lot to be subdivided from parcel that has no dwellings; # of bedrooms if greater than 4: _____
☐ _____ lot subdivision from parcel that has existing dwelling (WSV has been processed; ID# is _____)
☐ _____ lot subdivision from parcel that has no dwellings.

Residential Fees: (Check **one**, and calculate fee)

- ☐ Soil test only = _____ Sites x \$270 (2 pits per site) = \$ _____ due
☐ Soil test and wet season test = _____ Sites x \$570 (2 pits and 3 pipes per site) = \$ _____ due
☐ Sand Mound* test only = _____ Sites x \$300 (10 gallons water to be left at site) = \$ _____ due

.....*If applying for sand mound only—provide soil test and wet season test application ID#: _____

WET SEASON APPLICATION DEADLINE IS DECEMBER 1ST.

D. Commercial Proposal: Proposed maximum wastewater flow of _____ gallons per day. (Note: minimum flow is 600)

Type of Commercial facility _____

Commercial Fees: (Check **one**, complete requested information to calculate fee)

- ☐ Soil Test only requested for proposed flow of _____ GPD/600 (GPD residential equivalent) = _____ x \$270 (minimum) = \$ _____ due
☐ Soil Test and wet season test requested for proposed flow of _____ GPD/600 (GPD residential equivalent) = _____ x \$570 = \$ _____ due

E. Water Supply: (Check **one**, and circle appropriate response if existing well)

- ☐ Existing (**shallow**) (**deep**) well on property
☐ Proposing new deep well
☐ Public water connection from Town of: _____

F. Owner's Authorization: The applicant hereby certifies and agrees as follows: (1) he/she is authorized to make this application; (2) the information is correct; (3) will comply with the regulations of Caroline County which are applicable hereto; (4) will perform no work on the property not specifically described in this application; (5) grants County officials the right to enter onto the property for the purpose of inspecting; (6) has read and understood the "Soil and Site Evaluation General Information", "Site Preparation" and "Application Instructions"; (7) Understands that incomplete applications will not be accepted.

Owner's Signature: X _____ Date signed: _____

G. Attach a copy of record plat or site plan showing perc location(s). Prefer scale 1 in=50 feet, 100 feet, etc.)

----- Please do not write below this line -----

SANITARIAN REVIEW:

Is project in conformance with county Water and Sewer Plan? **Y N**, If no, indicate reason:

Is project located in Wellhead Protection Area (WPA)? **Y N**; Resource Protection Zone (RPZ)? **Y N**; Critical Area? **Y N**

Indicate soil survey mapping unit(s): _____

OTHER COMMENTS:

PLEASE REFOLD SO ADDRESS BELOW SHOWS THRU WINDOW ENVELOPE. (if planning to mail application)

CAROLINE COUNTY HEALTH DEPARTMENT
Division of Environmental Health
403 S 7th Street, Room 248
DENTON, MD 21629

Date Pd	Receipt#	Amount Pd	Application ID#
Please make check payable to <i>Caroline County Health Department</i>			
<input type="checkbox"/> Is Site Plan showing location of pits and pipes enclosed?			
<input type="checkbox"/> Is Check enclosed for correct amount?			
<input type="checkbox"/> Is Application signed by OWNER?			

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Instructions for completing the soil and site evaluation application

- A. Property Owner:** The current legal owner to go on first line, legal owner's signature required on section "F" unless you attach an "authorization form" signed by legal owner. Mail results to: please put where you want the results mailed to. Also include day phone number of contact person. If you want results faxed indicate the fax number in appropriate space. Results will be emailed if the email address is available.
- B. Property Information:** The Property Tax ID# (last 7 digits), and Map, Block, Parcel numbers are found on the tax bill (include lot number if applicable). Need road name (Note if this property borders two roads, write in the road name you plan to use as main access to parcel. Be sure to indicate size of parcel as is (not proposed size) Also check with planning and codes to see if parcel is in Critical Area, Ag preservation, or Forestation.
- C. Residential Proposal** Check ONE box and complete requested information; **NOTE: if you are proposing to take a parcel from a parcel that has an existing well/septic system, you will need to apply for "Water/Sewer Verification" before the perc test application can be accepted. Also, if you are planning to subdivide make sure you've checked with Planning & Codes (410 479 8100) before you apply for the perc test(s).**
P/O "C" Residential fees Usually the second box is used, the # of sites is usually proposed # of lots, including existing home site, if applicable. The third box can only be used if the parcel has been thru the soil test and wet season—indicate test ID# in appropriate space
- D. Commercial Proposal** fill in this section ONLY if you are not planning on a residential lot.
- E. Water supply,** note if using an existing well, proposing a well or if you have a connection from a town—note the town's name.
- F. Owner Authorization:** Read items 1-7 and have Owner's signature or attach an authorization form if applicant is not the owner.
- G. Attach a site plan, prefer scale 1 inch = 50 ft or 1 inch = 100ft.** Show existing property lines and location of test pipes(3 per site). Also show existing driveways, ponds, streams, buildings, well(s)/septic system(s), if applicable. NOTE: site plan must show any existing wells or septic systems within 150 ft of the property line.

PLEASE BE AWARE :

- THE APPLICATION MUST BE RECEIVED BY DECEMBER 1ST IF YOU ARE GOING THRU WET SEASON—THIS ALSO MEANS THAT YOU MUST HAVE YOUR PIPES INSTALLED ON THE PARCEL AT THE TIME OF APPLICATION. The fee is \$570 per site and three pipes are required per site.
- THE PITS SHOULD NOT GO IN UNTIL THE SANITARIAN HAS CONTACTED YOU TO SCHEDULE THAT PORTION OF THE TEST.
- ADDITIONAL FEES ARE DUE IF THE PARCEL HAS A SAND MOUND TEST OPTION.
- ADDITIONAL FEES ARE DUE FOR PLAT SUBMITTALS.
- ADDITIONAL FEES ARE DUE FOR SANITARY CONSTRUCTION PERMIT (TO INSTALL SEPTIC SYSTEM).

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